

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Pharmacists  
Home Health Agencies  
Managed Care Plans

**Memorandum No: 04-44 MAA**  
**Issued:** June 15, 2004

**For Information Contact:**  
Toll Free: 1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Supersedes:** 03-18 MAA  
04-13 MAA

**Subject: Medical Supplies and Equipment (MSE): Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2004**, the Medical Assistance Administration (MAA) is updating the Medical Supplies and Equipment Fee Schedule section in MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions.

## Overview

The new MSE fee schedule includes revised maximum allowances. **Effective for dates of service on and after July 1, 2004**, MAA will reimburse providers the percentage of billed charges listed in the Maximum Allowable Fee column for procedures on the fee schedule that MAA formerly designated BR (By Report).

Attached are replacement pages G.1-G.24 which replace pages G.1-G.30 to MAA's Nondurable Medical Supplies and Equipment (MSE) Billing Instructions, dated February 2002.

To obtain MAA billing instructions and numbered memoranda electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

**Send reimbursement issues, questions, or comments to:**

Durable Medical Equipment Rate Analyst  
Professional Reimbursement Section  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
Fax # (360) 753-9152



# Fee Schedule

---

## A Few Notes about the Fee Schedule

### Procedure Code Description

The description of each code will tell you when:

- Prior authorization is required;
- Expedited prior authorization criteria is available;
- There are specific limitations;
- Codes are not allowed in combination with primary code;
- An item is taxable;
- An item is included in the nursing facility daily rate; and
- One of the following modifiers is required:
  - ✓ KX – Insulin Dependent;
  - ✓ KS – Non-Insulin Dependent;
  - ✓ RP – Replacement;
  - ✓ RR – Rental;
  - ✓ NU – Purchase;
  - ✓ A1-A9 – See “Dressings,” pg. G.5; or
  - ✓ 59 See “Disposable Incontinent Products“ page D.3 and “Urological Supplies” page G.22.

### Maximum Allowance

The maximum dollar amount payable by MAA is indicated in the *Maximum Allowable* column.

## Non-Durable Medical Supplies and Equipment (MSE)

### Medical Supplies and Equipment (MSE)

#### HCPCS, Modifiers, Descriptions, Rates

Website Update Only - Last Updated 6/10/04 at 2:00pm

July 1, 2004

| HCPCS Modifier   | Description   | Max.    |
|--|---|---------|
| <b>COMPLIANCE PACKAGING</b>  |   |         |
| <b>(Billable only by pharmacists for non-institutionalized at-risk clients.)</b> |   |         |
| <b><i>Billing provision limited to one (1) month's supply .</i></b>              |   |         |
| A9901  | Delivery/set-up/dispensing. Included in nursing facility daily rate. <b>Limit of four devices/containers per client, per month. EPA 870000867 must be used when billing this item.</b>  | \$2.50  |
| T1999  | Reusable compliance device/container (e.g., medisets, weekly minders, etc.) Included in nursing facility daily rate. <b>Limit of four devices/containers per client, per year. EPA 870000864 must be used when billing this item.</b>                     | \$6.00  |
| T1999  | Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) Included in nursing facility daily rate. <b>Limit of four devices/containers per client, per month. EPA 870000865 must be used when billing this item.</b> | \$3.00  |
| T1999  | Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). Included in nursing facility rate. <b>Limit of four devices/containers per client, per year. EPA 870000866 must be used when billing this item.</b>    | \$16.91 |

*\*Note: Providers may bill compliance devices/containers in any combination, but not to exceed a total of 4 per year.*

#### **EMERGENCY CONTRACEPTION PILLS (ECP) COUNSELING**

**(Billable only by pharmacists who meet Board of Pharmacy protocols.)**

***Billing provision limited to one (1) month's supply .***

|       |   |         |
|-------|---|---------|
| S9445 | Patient education, not otherwise classified, non-physician provider, individual, per session. | \$13.50 |
|-------|---|---------|

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier   | Description  | July 1, 2004<br>Max. |
|--|--|----------------------|
| <b>SYRINGES AND NEEDLES</b>  |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i>         |  |                      |
| A4206  | Syringe with needle, sterile 1cc, each. Included in nursing facility daily rate.   | 65%                  |
| A4207  | Syringe with needle, sterile 2cc, each. Included in nursing facility daily rate.   | 65%                  |
| A4208  | Syringe with needle, sterile 3cc, each. Included in nursing facility daily rate.   | 65%                  |
| A4209  | Syringe with needle, sterile 5cc or greater, each. Included in nursing facility daily rate.  | 65%                  |
| A4210  | Needle free injection device, each. Included in nursing facility daily rate.   | 65%                  |
| A4211  | Supplies for self-administered injections.   | #                    |
| A4215  | Needles only, sterile, any size, each. Included in nursing facility daily rate.  | 65%                  |
| A4322  | Irrigation syringe, bulb or piston, each. Included in nursing facility daily rate.<br><b>Not allowed in combination with code A4320, A4355.</b>  | 65%                  |
| <b>BLOOD MONITORING/TESTING SUPPLIES</b>                             |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i>         |  |                      |
| A4253  | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Included in nursing facility daily rate. <b>Modifier KX or KS required.</b>                                      | \$34.79              |
| A4254  | Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each. <b>One (1) allowed per client every 3 months.</b>                                 | \$6.58               |
| A4255  | Platforms for home blood glucose monitor, 50 per box.  | #                    |
| A4256  | Normal, low and high calibrator solution/chips. Included in nursing facility daily rate.   | \$11.44              |
| A4258  | Spring-powered device for lancet, each. <b>One (1) allowed per client every 6 months.</b> Included in nursing facility daily rate.   | \$18.05              |
| A4259  | Lancets, per box of 100. Included in nursing facility daily rate. <b>Modifier KX or KS required.</b>   | \$12.74              |
| <b>PREGNANCY-RELATED TESTING KITS AND NURSING EQUIPMENT SUPPLIES</b> |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i>         |  |                      |
| T5999  | Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit. <b>Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs). Prior Authorization required.</b> | \$7.34               |
| T5999  | Supply, not otherwise specified (Breast pump kit for electric breast pump. Purchase only. <i>EPA 870000764 must be used when billing this item .</i> )   | \$37.92              |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier   | Description  | July 1, 2004<br>Max. |
|--|--|----------------------|
| <b>ANTISEPTICS AND GERMICIDES</b>                            |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i> |  |                      |
| A4244  | Alcohol or peroxide, per pint. Included in nursing facility daily rate. <b>Maximum of one (1) pint allowed per client per 6 months.</b>  | \$1.06               |
| A4245  | Alcohol wipes, per box (of 200). Included in nursing facility daily rate. <b>Maximum of one (1) box allowed per client per month.</b>  | \$2.33               |
| A4246  | Betadine or pHisoHex solution, per pint. Included in nursing facility daily rate. <b>Maximum of one (1) pint allowed per client per month.</b>   | \$2.97               |
| A4247  | Betadine or iodine swabs/wipes, per box (of 100). Included in nursing facility daily rate. <b>Maximum of one (1) box allowed per client per month.</b>   | \$4.72               |
| A4248  | Chlorhexidine containing antiseptic 1 ml   | #                    |
| T5999  | Supply, not otherwise specified. ( Disinfectant spray, 12 oz. Included in nursing facility daily rate. <b>Maximum of one (1) per client per 6 months. EPA 870000853 must be used when billing this item.</b> | \$5.39               |

## **BANDAGES, DRESSINGS, AND TAPES**

**Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate.**

*Billing provision limited to one (1) month's supply .*

|       |  |          |
|-------|--|----------|
| A4649 | Surgical supply; miscellaneous. <b>Prior Authorization required.</b>   | 65%      |
| A6010 | Collagen based wound filler, dry form, per gram of collagen. <b>Prior authorization required.</b>  | \$30.96  |
| A6011 | Collagen based wound filler, gel/paste, per gram of collagen. <b>Prior authorization required.</b>   | \$2.28   |
| A6021 | Collagen dressing, pad size 16 sq. in. or less, each.  | \$21.02  |
| A6022 | Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.   | \$21.02  |
| A6023 | Collagen dressing, pad size more than 48 sq. in. <b>Prior Authorization required.</b>  | \$190.30 |
| A6024 | Collagen dressing wound filler, per 6 inches   | \$6.19   |
| A6025 | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.  | 65%      |
| A6154 | Wound pouch, each.   | \$14.36  |
| A6196 | Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing.   | \$7.35   |
| A6197 | Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing. | \$16.44  |

## Non-Durable Medical Supplies and Equipment (MSE)

| <b>HCPCS Modifier</b> | <b>Description</b>   | <b>July 1, 2004<br/>Max.</b> |
|-----------------------|--|------------------------------|
| A6198                 | Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in, each dressing.  | 65%                          |
| A6199                 | Alginate or other fiber gelling dressing, wound filler, per 6 inches.  | \$5.29                       |
| A6200                 | Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.   | \$9.50                       |
| A6201                 | Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.               | \$20.80                      |
| A6202                 | Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing.   | \$34.88                      |
| A6203                 | Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing.   | \$3.35                       |
| A6204                 | Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.          | \$6.23                       |
| A6205                 | Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing.  | 65%                          |
| A6206                 | Contact layer, 16 sq. in. or less, each dressing.  | 65%                          |
| A6207                 | Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.  | \$7.34                       |
| A6208                 | Contact layer, more than 48 sq. in., each dressing.  | 65%                          |
| A6209                 | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.   | \$7.48                       |
| A6210                 | Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.       | \$19.92                      |
| A6211                 | Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.   | \$29.37                      |
| A6212                 | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.   | \$9.70                       |
| A6213                 | Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | 65%                          |
| A6214                 | Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.                                       | \$10.29                      |
| A6215                 | Foam dressing, wound filler, per gram.   | \$2.99                       |
| A6216                 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.                                      | \$0.05                       |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A6217          | Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.                                  | \$0.17               |
| A6218          | Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.  | \$0.45               |
| A6219          | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing.  | \$0.95               |
| A6220          | Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.  | \$2.58               |
| A6221          | Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing.  | 65%                  |
| A6222          | Gauze, impregnated with other than water, normal saline or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing.   | \$2.13               |
| A6223          | Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | \$2.42               |
| A6224          | Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing.                                       | \$3.61               |
| A6228          | Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.  | 65%                  |
| A6229          | Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.                          | \$3.61               |
| A6230          | Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing.  | 65%                  |
| A6231          | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing.   | \$4.68               |
| A6232          | Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing.                                    | \$6.88               |
| A6233          | Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing.   | \$19.19              |
| A6234          | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.  | \$6.54               |
| A6235          | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.                                  | \$16.82              |
| A6236          | Hydrocolloid dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing.   | \$27.25              |



## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description  | July 1, 2004<br>Max. |
|----------------|--|----------------------|
| A6237          | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.   | \$7.91               |
| A6238          | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.         | \$22.79              |
| A6239          | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.   | 65%                  |
| A6240          | Hydrocolloid dressing, wound filler, paste, per fluid oz.  | \$12.24              |
| A6241          | Hydrocolloid dressing, wound filler, dry form, per gram.   | \$2.57               |
| A6242          | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.   | \$6.07               |
| A6243          | Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.                   | \$12.31              |
| A6244          | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.   | \$39.28              |
| A6245          | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.   | \$7.27               |
| A6246          | Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.             | \$9.92               |
| A6247          | Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.   | \$23.78              |
| A6248          | Hydrogel dressing, wound filler, gel, per fluid oz.  | \$16.24              |
| A6250          | Skin sealants, protectants, moisturizers, ointments, any type, any size.   | #                    |
| A6251          | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.   | \$1.99               |
| A6252          | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.       | \$3.25               |
| A6253          | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.   | \$6.34               |
| A6254          | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.   | \$1.21               |
| A6255          | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing. | \$3.03               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A6256          | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.                      | 65%                  |
| A6257          | Transparent film, 16 sq. in. or less, each dressing.  | \$1.53               |
| A6258          | Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.  | \$4.30               |
| A6259          | Transparent film, more than 48 sq. in., each dressing.  | \$10.94              |
| A6260          | Wound cleaners, any type, any size (per ounce).   | 65%                  |
| A6261          | Wound filler, gel/paste, per fluid ounce, not elsewhere classified. <b>Prior authorization required.</b>                                      | 65%                  |
| A6262          | Wound filler, dry form, per gram, not elsewhere classified. <b>Prior authorization required.</b>  | 65%                  |
| A6266          | Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.   | \$1.92               |
| A6402          | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.   | \$0.12               |
| A6403          | Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing. | \$0.43               |
| A6404          | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.                                       | 65%                  |
| A6407          | Packing strips, non-impregnated, up to two inches in width, per linear yard.  | \$1.88               |
| A6441          | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.         | \$0.67               |
| A6442          | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.  | \$0.17               |
| A6443          | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard. | \$0.29               |
| A6444          | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.                            | \$0.56               |
| A6445          | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.  | \$0.32               |
| A6446          | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.     | \$0.41               |
| A6447          | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.                                | \$0.67               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A6448          | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.  | \$1.16               |
| A6449          | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.   | \$1.75               |
| A6450          | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.  | 65%                  |
| A6451          | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.           | 65%                  |
| A6452          | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard. | \$5.91               |
| A6453          | Self-adherent bandage, elastic, non-knitted/non-woven,width less than three inches, per yard.   | \$0.61               |
| A6454          | Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard.  | \$0.77               |
| A6455          | Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five inches, per yard.   | \$1.39               |
| A6456          | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.  | \$1.28               |
| A6501          | Compression burn garment, bodysuit (head to foot), custom fabricated. <b>Requires prior authorization.</b>  | 65%                  |
| A6502          | Compression burn garment, chin strap, custom fabricated. <b>Requires prior authorization.</b>   | 65%                  |
| A6503          | Compression burn garment, facial hood, custom fabricated. <b>Requires prior authorization.</b>  | 65%                  |
| A6504          | Compression burn garment, glove to wrist, custom fabricated. <b>Requires prior authorization.</b>   | 65%                  |
| A6505          | Compression burn garment, glove to elbow, custom fabricated. <b>Requires prior authorization.</b>   | 65%                  |
| A6506          | Compression burn garment, glove to axilla, custom fabricated. <b>Requires prior authorization.</b>  | 65%                  |
| A6507          | Compression burn garment, foot to knee length, custom fabricated. <b>Requires prior authorization.</b>  | 65%                  |
| A6508          | Compression burn garment, foot to thigh length, custom fabricated. <b>Requires prior authorization.</b>   | 65%                  |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A6509          | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated. <b>Requires prior authorization.</b>   | 65%                  |
| A6510          | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated. <b>Requires prior authorization.</b> | 65%                  |
| A6511          | Compression burn garment, lower trunk including leg openings (panty), custom fabricated. <b>Requires prior authorization.</b>           | 65%                  |
| A6512          | Compression burn garment, not otherwise classified. <b>Requires prior authorization.</b>  | 65%                  |
| K0620          | Tubular elastic dressing, any width, per linear yard.   | \$1.14               |
| S8431          | Compression bandage, roll.  | 65%                  |
| T5999          | Supply, not otherwise specified (Dressing other.) <b>Prior authorization required.</b>  | 65%                  |

### TAPES

**Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate.**

*Billing provision limited to one (1) month's supply .*

|       |   |        |
|-------|---|--------|
| A4450 | Tape, non-waterproof, per 18 square inches. | \$0.09 |
| A4452 | Tape, waterproof, per 18 square inches.     | \$0.36 |
| A4462 | Abdominal dressing holder, each.            | \$3.29 |
| A4465 | Nonelastic binder for extremity.            | 65%    |

### OSTOMY SUPPLIES (NOTE: ITEMS IN THIS CATEGORY ARE NOT TAXABLE)

*Billing provision limited to one (1) month's supply .*

|       |  |         |
|-------|--|---------|
| A4361 | Ostomy faceplate, each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, A4380.</b> | \$18.37 |
| A4362 | Skin barrier, solid, four by four or equivalent, each (for ostomy only).   | \$3.46  |
| A4364 | Adhesive; liquid, or equal, any type, per oz. (for ostomy or catheter) <b>Maximum of 4 allowed per client per month.</b>                     | \$2.73  |
| A4365 | Adhesive remover wipes, any type, per 50. <b>Maximum of one (1) box allowed per client per month.</b>  | \$11.32 |
| A4366 | Ostomy vent, any type, each.   | \$1.30  |
| A4367 | Ostomy belt , each. <b>Maximum of two (2) allowed per client every six months.</b>   | \$6.82  |
| A4368 | Ostomy filter, any type, each.   | \$0.26  |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A4369          | Ostomy skin barrier, liquid (spray, brush, etc.), per oz.   | \$2.06               |
| A4371          | Ostomy skin barrier, powder, per oz.  | \$3.60               |
| A4372          | Ostomy skin barrier, solid 4 x 4 or equivalent, with built-in convexity, each.  | \$4.18               |
| A4373          | Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.  | \$6.28               |
| A4375          | Ostomy pouch, drainable, with faceplate attached, plastic, each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377.</b>      | \$17.18              |
| A4376          | Ostomy pouch, drainable, with faceplate attached, rubber, each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378.</b>       | \$47.58              |
| A4377          | Ostomy pouch, drainable, for use on faceplate, plastic, each. <b>Maximum of 10 allowed per client per month.</b>  | \$4.29               |
| A4378          | Ostomy pouch, drainable, for use on faceplate, rubber, each. <b>Maximum of 10 allowed per client per month.</b>   | \$30.75              |
| A4379          | Ostomy pouch, urinary, with faceplate attached, plastic, each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381 or A4382.</b> | \$15.02              |
| A4380          | Ostomy pouch, urinary, with faceplate attached, rubber, each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4383.</b>         | \$37.33              |
| A4381          | Ostomy pouch, urinary, for use on faceplate, plastic, each. <b>Maximum of 10 allowed per client per month.</b>  | \$4.61               |
| A4382          | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each. <b>Maximum of 10 allowed per client per month.</b>  | \$24.62              |
| A4383          | Ostomy pouch, urinary, for use on faceplate, rubber, each. <b>Maximum of 10 allowed per client per month.</b>   | \$28.19              |
| A4384          | Ostomy faceplate equivalent, silicone ring, each.   | \$9.62               |
| A4385          | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.  | \$5.10               |
| A4387          | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each. <b>Maximum of 30 allowed per client per month.</b>                                      | 65%                  |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A4388          | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each.<br><b>Maximum of 10 allowed per client per month.</b>                      | \$4.36               |
| A4389          | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each. <b>Maximum of 10 allowed per client per month.</b>               | \$6.22               |
| A4390          | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each. <b>Maximum of 10 allowed per client per month.</b> | \$9.61               |
| A4391          | Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each.<br><b>Maximum of 10 allowed per client per month.</b>                        | \$7.07               |
| A4392          | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. <b>Maximum of 10 allowed per client per month.</b>   | \$8.18               |
| A4393          | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. <b>Maximum of 10 allowed per client per month.</b>   | \$9.04               |
| A4394          | Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.  | \$2.58               |
| A4395          | Ostomy deodorant for use in ostomy pouch, solid, per tablet.  | \$0.05               |
| A4396          | Ostomy belt with peristomal hernia support.   | #                    |
| A4397          | Irrigation supply; sleeve, each. <b>Maximum of one (1) allowed per client per month.</b>  | \$4.79               |
| A4398          | Ostomy irrigation supply; bag, each. <b>Maximum of two (2) allowed per client every 6 months.</b>   | \$13.81              |
| A4399          | Ostomy irrigation supply; cone/catheter, including brush. <b>Maximum of two (2) allowed per client every 6 months.</b>                                    | \$11.55              |
| A4400          | Ostomy irrigation set. <b>Maximum of two (2) allowed per client every 6 months.</b>   | \$44.30              |
| A4404          | Ostomy ring, each. <b>Maximum of 10 allowed per client per month.</b>   | \$1.69               |
| A4405          | Ostomy skin barrier, non-pectin based, paste, per ounce.  | \$3.40               |
| A4406          | Ostomy skin barrier, pectin based, paste, per ounce.  | \$5.74               |
| A4407          | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.                  | \$8.76               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description  | July 1, 2004<br>Max. |
|----------------|--|----------------------|
| A4408          | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.   | \$9.87               |
| A4409          | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.   | \$6.22               |
| A4410          | Ostomy skin barrier, with flange( solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.  | \$9.04               |
| A4413          | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. <b>Maximum of 10 allowed per client per month.</b>                                 | \$5.50               |
| A4414          | Ostomy skin barrier, with flange(solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each.   | \$4.93               |
| A4415          | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.   | \$6.00               |
| A4416          | Ostomy pouch, closed, with barrier attached, with filter (one piece), each.<br><b>Maximum of 30 allowed per client per month. Not allowed in combination with A4368.</b>                       | \$2.75               |
| A4417          | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each. <b>Maximum of 30 allowed per client per month. Not allowed in combination with A4368.</b> | \$3.72               |
| A4418          | Ostomy pouch, closed; without barrier attached, with filter (one piece), each.<br><b>Maximum of 30 allowed per client per month. Not allowed in combination with A4368.</b>                    | \$1.81               |
| A4419          | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each. <b>Maximum of 30 allowed per client per month. Not allowed in combination with A4368.</b>     | \$1.74               |
| A4420          | Ostomy pouch, closed; for use on barrier with locking flange (two piece), each.<br><b>Maximum of 30 allowed per client per month.</b>  | 65%                  |
| A4421          | Ostomy supply; miscellaneous. <b>Prior Authorization required.</b>   | 65%                  |
| A4422          | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.  | \$0.12               |
| A4423          | Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each. <b>Maximum of 30 allowed per client per month. Not allowed in combination with A4368.</b>         | \$1.86               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description  | July 1, 2004<br>Max. |
|----------------|--|----------------------|
| A4424          | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each.<br><b>Maximum of 10 allowed per client per month. Not allowed in combination with A4368.</b>                          | \$4.75               |
| A4425          | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with A4368.</b> | \$3.58               |
| A4426          | Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each. <b>Maximum of 10 allowed per client per month.</b>   | \$2.73               |
| A4427          | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each. <b>Maximum of 10 allowed per client per month. Not allowed in combination with A4368.</b>     | \$2.78               |
| A4428          | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each. <b>Maximum of 10 allowed per client per month.</b>                                    | \$6.51               |
| A4429          | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. <b>Maximum of 10 allowed per client per month.</b>                         | \$8.25               |
| A4430          | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. <b>Maximum of 10 allowed per client per month.</b>           | \$8.52               |
| A4431          | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each. <b>Maximum of 10 allowed per client per month.</b>  | \$6.22               |
| A4432          | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each. <b>Maximum of 10 allowed per client per month.</b>                             | \$3.59               |
| A4433          | Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each. <b>Maximum of 30 allowed per client per month.</b>  | \$3.34               |
| A4434          | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each. <b>Maximum of 10 allowed per client per month.</b>                                 | \$3.76               |
| A4455          | Adhesive remover or solvent (for tape, cement, or other adhesive), per oz.<br><b>Maximum of 3 allowed per client per month.</b>  | \$1.43               |
| A5051          | Ostomy pouch, closed; with barrier attached (one piece) each. <b>Maximum of 60 allowed per client per month.</b>   | \$2.07               |
| A5052          | Ostomy pouch, closed; without barrier attached (one piece) each. <b>Maximum of 60 allowed per client per month.</b>  | \$1.49               |



## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A5053          | Ostomy pouch, closed; for use on faceplate each. <b>Maximum of 60 allowed per client per month.</b>                                 | \$1.74               |
| A5054          | Ostomy pouch, closed; for use on barrier with flange (two piece) each. <b>Maximum of 60 allowed per client per month.</b>           | \$1.79               |
| A5055          | Stoma cap. <b>Maximum of 30 allowed per client per month.</b>   | \$1.44               |
| A5061          | Ostomy pouch, drainable; with barrier attached (one piece) each. <b>Maximum of 20 allowed per client per month.</b>                 | \$3.52               |
| A5062          | Ostomy pouch, drainable; without barrier attached (one piece) each. <b>Maximum of 20 allowed per client per month.</b>              | \$2.09               |
| A5063          | Ostomy pouch, drainable; for use on barrier with flange (two piece system) each. <b>Maximum of 20 allowed per client per month.</b> | \$2.70               |
| A5071          | Ostomy pouch, urinary, with barrier attached (one piece) each. <b>Maximum of 20 allowed per client per month.</b>                   | \$6.01               |
| A5072          | Ostomy pouch, urinary, without barrier attached (one piece) each. <b>Maximum of 20 allowed per client per month.</b>                | \$3.52               |
| A5073          | Ostomy pouch, urinary, for use on barrier with flange (two piece) each. <b>Maximum of 20 allowed per client per month.</b>          | \$3.13               |
| A5081          | Continent device; plug for continent stoma. <b>Maximum of 30 allowed per client per month.</b>                                      | \$2.81               |
| A5082          | Continent device; catheter for continent stoma. <b>Maximum of one (1) allowed per client per month.</b>                             | \$10.15              |
| A5093          | Ostomy accessory, convex insert. <b>Maximum of 10 allowed per client per month.</b>   | \$1.95               |
| A5119          | Skin barrier; wipes, box per 50 (for ostomy only).  | \$10.51              |
| A5121          | Skin barrier, solid, 6 x 6 or equivalent, each, (for ostomy only).  | \$7.46               |
| A5122          | Skin barrier, solid, 8 x 8 or equivalent, each (for ostomy only).   | \$12.22              |
| A5126          | Adhesive or non-adhesive; disk or foam pad. <b>Maximum of 10 allowed per client per month.</b>                                      | \$1.15               |
| A5131          | Appliance cleaner, incontinence and ostomy appliances, per 16 oz.   | #                    |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier   | Description  | July 1, 2004<br>Max. |
|--|--|----------------------|
| <b>UROLOGICAL SUPPLIES</b>                                   |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i> |  |                      |
| A4310  | Insertion tray without drainage bag and without catheter (accessories only).<br><b>Maximum of 120 per client, per month.</b> Included in nursing facility daily rate.<br><b>Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354. Prior Authorization required.</b>  | \$7.72               |
| A4311  | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).<br><b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4310 or A4338.</b>                    | \$14.84              |
| A4312  | Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. <b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4310 or A4344.</b>  | \$17.16              |
| A4313  | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. <b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4310 or A4346.</b>  | \$17.16              |
| A4314  | Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).<br><b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.</b> | \$25.29              |
| A4315  | Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. <b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.</b>  | \$26.39              |
| A4316  | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. <b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.</b>  | \$28.40              |
| A4320  | Irrigation tray with bulb or piston syringe, any purpose. <b>Maximum of 30 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4322, A4355.</b>  | \$5.33               |
| A4321  | Therapeutic agent for urinary catheter irrigation.   | #                    |
| A4324  | Male external catheter, with adhesive coating, each. <b>Maximum of 60 allowed per client per month.</b>  | \$2.17               |
| A4325  | Male external catheter, with adhesive strip, each. <b>Maximum of 60 per client per month.</b>  | \$1.80               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A4326          | Male external catheter specialty type with integral collection chamber, each.<br><b>Maximum of 60 allowed per client per month.</b> Included in nursing facility daily rate.  | \$10.79              |
| A4327          | Female external urinary collection device; metal cup, each. Included in nursing facility daily rate.  | \$42.27              |
| A4328          | Female external urinary collection device; pouch, each. Included in nursing facility daily rate.  | \$10.45              |
| A4330          | Perianal fecal collection pouch with adhesive, each. Included in nursing facility daily rate.   | \$7.15               |
| A4331          | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each. <b>Not to be used with Procedure Code A4358.</b> Included in nursing facility daily rate.    | \$3.18               |
| A4332          | Lubricant, individual sterile packet, for insertion of urinary catheter, each. Included in nursing facility daily rate.   | \$0.12               |
| A4333          | Urinary catheter anchoring device, adhesive skin attachment, each. Included in nursing facility daily rate.   | \$2.20               |
| A4334          | Urinary catheter anchoring device, leg strap, each. Included in nursing facility daily rate. <b>Not to be used with Procedure code A4358.</b>   | \$4.93               |
| A4335          | Incontinence supply; miscellaneous. (Diaper Doublers. Each (age 3 and up)). Included in nursing facility daily rate. <b>See expedited prior authorization criteria.</b>   | \$0.36               |
| A4338          | Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. <b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate. | \$12.26              |
| A4340          | Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. <b>Maximum of 3 allowed per client per month.</b> Included in nursing facility daily rate.   | \$31.75              |
| A4344          | Indwelling catheter, Foley type, two-way, all silicone, each. <b>Maximum of 3 allowed per client, per month.</b> Included in nursing facility daily rate.   | \$16.02              |
| A4346          | Indwelling catheter, Foley type, three-way for continuous irrigation, each. <b>Maximum of 3 allowed per client, per month.</b> Included in nursing facility daily rate.   | \$16.65              |
| A4347          | Male external catheter with or without adhesive, with or without anti-reflux device; <b>per dozen. Maximum allowable of 60 per client, per month.</b> Included in nursing facility daily rate.                              | \$18.59              |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description  | July 1, 2004<br>Max. |
|----------------|--|----------------------|
| A4348          | Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month). <b>Maximum of 2 allowed per client, per month.</b> Included in nursing facility daily rate.  | \$27.83              |
| A4351          | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. <b>Maximum of 120 allowed per client per month. Not allowed in combination with A4352.</b>                                    | \$1.81               |
| A4352          | Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each. <b>Maximum of 120 allowed per client per month. Not allowed in combination with A4351.</b>                                | \$6.42               |
| A4353          | Intermittent urinary catheter, with insertion supplies. <b>Maximum of 120 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with A4310, A4351-A4352. Prior Authorization required.</b>                          | \$7.00               |
| A4354          | Insertion tray with drainage bag but without catheter. <b>Maximum of 3 allowed per client per month. Not allowed in combination with A4310, A4357, or K0280-K0281. Prior Authorization required.</b>   | \$10.03              |
| A4355          | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each. <b>Maximum of 30 allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with A4320, A4322.</b>          | \$8.91               |
| A4356          | External urethral clamp or compression device (not to be used for catheter clamp), each. <b>Maximum of two (2) allowed per client per year.</b> Included in nursing facility daily rate.   | \$38.79              |
| A4357          | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. <b>Maximum of two (2) allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4314-A4316 or A4354.</b> | \$9.70               |
| A4358          | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each. <b>Maximum of two (2) allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A5113 or A5114.</b>                     | \$6.45               |
| A4359          | Urinary suspensory without leg bag, each. <b>Maximum of two (2) allowed per client per month.</b> Included in nursing facility daily rate.   | \$30.07              |
| A4402          | Lubricant, per oz. Included in nursing facility daily rate. (For insertion of urinary catheters.)  | \$1.60               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description   | July 1, 2004<br>Max. |
|----------------|---|----------------------|
| A4521          | Adult-sized incontinence product, diaper, small size, each. <b>(age 19 and up).</b><br><b>Maximum of 240 diapers purchased per client, per month.</b> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>           | \$0.55               |
| A4522          | Adult-sized incontinence product, diaper, medium size, each. <b>(age 19 and up).</b><br><b>Maximum of 240 diapers purchased per client, per month.</b> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>          | \$0.63               |
| A4523          | Adult-sized incontinence product, diaper, large size, each. <b>(age 19 and up).</b><br><b>Maximum of 240 diapers purchased per client, per month.</b> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>           | \$0.76               |
| A4524          | Adult-sized incontinence product, diaper, extra large size, each. <b>(age 19 and up).</b><br><b>Maximum of 240 diapers purchased per client, per month.</b> Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>     | \$0.87               |
| A4525          | Adult-sized incontinence product, brief, small size, each. <b>(age 6 and up).</b><br><b>Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19.</b> Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b> | \$0.90               |
| A4526          | Adult-sized incontinence product, brief, medium size, each. <b>(age 6 and up).</b><br><b>Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19.</b> Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b>           | \$0.92               |
| A4527          | Adult-sized incontinence product, brief, large size, each. <b>(age 6 and up).</b><br><b>Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19.</b> Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b>            | \$0.92               |
| A4528          | Adult-sized incontinence product, brief, extra large size, each. <b>(age 6 and up).</b><br><b>Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19.</b> Included in nursing facility daily rate. <b>Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b>      | \$0.92               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier |    | Description  | July 1, 2004<br>Max. |
|----------------|----|--|----------------------|
| A4529          |    | Child-sized incontinence product, diaper, small/medium size, each. <b>(3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>   | \$0.47               |
| A4530          |    | Child-sized incontinence product, diaper, large size, each. <b>(3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>  | \$0.51               |
| A4531          |    | Child-sized incontinence product, brief, small/medium size, each. <b>(3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b> | \$0.49               |
| A4532          |    | Child-sized incontinence product, brief, large size, each. <b>(3-18 years of age). Maximum of 300 diapes purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other sisposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b>         | \$0.61               |
| A4533          |    | Youth-sized, incontinence product, diaper, each. <b>( 3 - 18 years of age). Maximum of 300 allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>  | \$0.68               |
| A4534          |    | Youth-sized, incontinence product, brief, each. <b>( 6 - 18 years of age). Maximum of 300 allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>   | \$0.70               |
| A4535          |    | Disposable liner/shield for incontinence, each. (including undergarments), any size, each <b>(age 3 and up). Maximum of 240 pieces allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.</b>   | \$0.44               |
| A4536          | NU | Protective underwear, washable, any size, each. <b>Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate. Modifier NU required.</b>  | \$10.91              |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier |    | Description   | July 1, 2004<br>Max. |
|----------------|----|---|----------------------|
| A4536          | RR | Protective underwear, washable, any size, each (pant, reusable). <b>Maximum of 150 pieces allowed per client, per month (age 3 and up).</b> Included in nursing facility daily rate. <b>Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental, reusable diaper or pant.</b>   | \$0.76               |
| A4537          | NU | Under pad, reusable/washable, any size, each. <b>Limit 42 per year.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4554 or A4537 (RR).</b>   | \$13.47              |
| A4537          | RR | Under pad, reusable/washable, any size, each. <b>Limit 90 per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4554 or A4537 (NU).</b>  | \$0.45               |
| A4538          | RR | Diapers, reusable, provided by a diaper service, each diaper. <b>(age 3 and up). Maximum of 240 diapers allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval.</b> Included in nursing facility daily rate. <b>Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental reusable</b> | \$0.75               |
| A4554          |    | Disposable underpads, all sizes (e.g., Chux's). <b>( for beds only) Maximum of 180 pieces allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4537 (NU) or A4537 (RR).</b>  | \$0.42               |
| A5102          |    | Bedside drainage bottle, with or without tubing, rigid or expandable, each. <b>Maximum of two (2) allowed per client per 6 months.</b> Included in nursing facility daily rate.   | \$22.58              |
| A5105          |    | Urinary suspensory; with leg bag, with or without tube. <b>Maximum of two (2) allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114.</b>   | \$40.76              |
| A5112          |    | Urinary leg bag; latex. <b>Maximum of one (1) allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code A5113 or A5114.</b>  | \$34.62              |
| A5113          | RP | Leg strap; latex, replacement only, per set. Included in nursing facility daily rate. <b>RP modifier required.</b>  | \$4.70               |
| A5114          | RP | Leg strap; foam or fabric, replacement only, per set. Included in nursing facility daily rate. <b>RP modifier required.</b>   | \$8.94               |
| T1500          | NU | Diaper/incontinent pant, reusable/washable, any size, each. <b>(age 3 and up). Maximum of 36 diapers purchased per client per year. Medical exceptions to maximum quantity or age limitation require prior approval.</b> Included in nursing facility daily rate. <b>Modifier NU required.</b>  | \$2.73               |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier  | Description  | July 1, 2004<br>Max. |
|---|--|----------------------|
| <b>BRACES, BELTS, AND SUPPORTIVE DEVICES</b>                      |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i>      |  |                      |
| A4490   | Surgical stocking above knee length, each. <b>Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)</b> | 65%                  |
| A4495   | Surgical stocking thigh length, each. <b>Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)</b>      | 65%                  |
| A4500   | Surgical stocking below knee length, each. <b>Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)</b> | 65%                  |
| A4510   | Surgical stocking full length, each. (Pantyhose style) <b>Maximum of two (2) pair allowed per client per 6 months.</b>                             | 65%                  |
| A4565   | Slings. <b>Maximum of two (2) allowed per client per year.</b>   | 65%                  |
| A4570   | Splint. <b>Maximum of one (1) allowed per client per year.</b>   | 65%                  |
| E0942   | Cervical head harness/halter. <b>Maximum of one (1) allowed per client per year.</b> Included in nursing facility daily rate.                      | \$19.85              |
| E0944   | Pelvic belt/harness/boot. <b>Maximum of one (1) allowed per client per year.</b> Included in nursing facility daily rate.                          | \$42.67              |
| E0945   | Extremity belt/harness. <b>Maximum of one (1) allowed per client per year.</b> Included in nursing facility daily rate.                            | \$44.32              |
| L8210   | Gradient compression stocking, custom made.  | 65%                  |
| <b>DECUBITUS CARE PRODUCTS</b>                                    |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i>      |  |                      |
| E0188   | Synthetic sheepskin pad. <b>Maximum of one (1) allowed per client per year.</b> Included in nursing facility daily rate.                           | \$26.43              |
| E0189   | Lambswool sheepskin pad. <b>Maximum of one (1) allowed per client per year.</b> Included in nursing facility daily rate.                           | \$44.17              |
| E0191   | Heel or elbow protector, each. <b>Maximum of four (4) allowed per client per year.</b> Included in nursing facility daily rate.                    | \$8.49               |
| <b>TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) SUPPLIES</b> |  |                      |
| <i>Billing provision limited to one (1) month's supply .</i>      |  |                      |
| A4556   | Electrodes, pair.  | \$10.32              |
| A4557   | Lead wires, e.g., apnea monitirs, tens., pair.   | \$17.94              |
| A4558   | Conductive paste or gel.   | \$5.45               |



## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description | July 1, 2004<br>Max. |
|----------------|-------------|----------------------|
|----------------|-------------|----------------------|

|       |  |         |
|-------|--|---------|
| A4595 | Electrical stimulator supplies, 2 lead, per month, (TENS,NMES). (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive | \$28.81 |
| A4630 | Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient.  | \$6.25  |

### MISCELLANEOUS SUPPLIES

*Billing provision limited to one (1) month's supply .*

|       |  |        |
|-------|--|--------|
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips).   | #      |
| A4265 | Paraffin, per pound.   | #      |
| A4281 | Tubing for breast pump, replacement.   | #      |
| A4282 | Adapter for breast pump, replacement.  | #      |
| A4283 | Cap for breast pump bottle, replacement.   | #      |
| A4284 | Breast shield and splash protector for use with breast pump, replacement.  | #      |
| A4285 | Polycarbonate bottle for use with breast pump, replacement.  | #      |
| A4286 | Locking ring for breast pump, replacement.   | #      |
| A4290 | Sacral nerve stimulation test lead, each.  | #      |
| A4458 | Enema bag with tubing, reusable.   | #      |
| A4561 | Pessary, rubber, any type.   | #      |
| A4562 | Pessary, non rubber, any type.   | #      |
| A4633 | Replacement bulb/lamp for ultraviolet light therapy system, each.  | #      |
| A4634 | Replacement bulb for therapeutic light box, tabletop model.  | #      |
| A4639 | Replacement pad for infrared heating pad system, each.   | #      |
| A4927 | Gloves, non sterile, <b>per box of 100</b> . Included in nursing facility daily rate and in Home Health Care rate. | \$8.82 |
| A4928 | Surgical mask, per 20.   | #      |

## Non-Durable Medical Supplies and Equipment (MSE)

| HCPCS Modifier | Description  | July 1, 2004<br>Max. |
|----------------|--|----------------------|
| A4930          | Gloves, sterile, <b>per pair</b> . Included in nursing facility daily rate and in Home Health Care rate.   | \$0.77               |
| A4931          | Oral thermometer, reusable, any type, each.  | #                    |
| A4932          | Rectal thermometer, reusable, any type, each.  | #                    |
| A6000          | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.  | #                    |
| A6410          | Eye pad, sterile, each. <b>Maximum of 20 allowed per client per month.</b> Included in nursing facility daily rate.  | \$0.39               |
| A6411          | Eye pad, non-sterile, each. <b>Maximum of 1 allowed per client per month.</b> Included in nursing facility daily rate.   | \$2.35               |
| A6412          | Eye patch, occlusive, each.  | #                    |
| T5999          | Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each. <b>Limit two per month</b> ). Included in nursing facility daily rate. <i>EPA 870000863 must be used when billing this item.</i>  | \$3.85               |
| T5999          | Supply, not otherwise specified. (Lice comb, such as LiceOut,™ LeisMeister,™ or combs of equivalent quality and effectiveness). <b>Maximum of one (1) allowed, per client, per year</b> . Included in nursing facility daily rate. <b>EPA 870000861 must be used when billing this item.</b> | \$8.91               |
| T5999          | Durable Medical Equipment Miscellaneous. (Non-toxic gel such as LiceOut™ for use with lice combs, per 8 oz. bottle. <b>Maximum of one (1) bottle allowed per client per year</b> ). Included in nursing facility daily rate. <b>EPA 870000862 must be used when billing this item.</b>       | \$11.98              |
| T5999          | Supply, not otherwise specified. Durable Medical Equipment Miscellaneous. (Other medical supplies not listed). <b>Prior Authorization is required.</b>   | 65%                  |
| S8265          | Haberman feeder for cleft lip/palate.<br><b>End of fee schedule</b>  | 65%                  |